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11 JUN -2 PM 03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

D. BRUCE

JUN 03 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INFINITE SOLUTIONS CONSULTANTS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and \$125.00 fee are submitted for filing of the Articles of Organization for the above-referenced Limited Liability Company.

Please return all correspondence concerning this matter to the following:

Sheryl Makaron  
(Name of Person)

INFINITE SOLUTIONS CONSULTANTS, LLC  
(Firm/Company)

711 N.E. Harbour Terrace, #309  
(Address)

Boca Raton, FL 33431  
(City/State and Zip Code)

sherylm171@aol.com  
(E-mail address: to be used for future annual report notification)

**FILED**  
**11 JUN - 2 PM 2003**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sheryl Makaron  
(Name of Person)

at ( 561 ) 393-3260  
(Area Code & Daytime Telephone Number)

**ARTICLES OF ORGANIZATION**

**FOR**

**INFINITE SOLUTIONS CONSULTANTS, LLC**

**(A FLORIDA LIMITED LIABILITY COMPANY)**

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is INFINITE SOLUTIONS CONSULTANTS, LLC.

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address**

711 N.E. Harbour Terrace, #309  
Boca Raton, FL 33431

**Mailing Address**

Sheryl Makaron  
711 N.E. Harbour Terrace, #309  
Boca Raton, FL 33431

**ARTICLE III**  
**REGISTERED AGENT, REGISTERED OFFICE**  
**AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Sheryl Makaron  
711 N.E. Harbour Terrace, #309  
Boca Raton, FL 33431

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

*X Sheryl Makaron*  
Sheryl Makaron  
Registered Agent

FILED  
11 JUN -2 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 6/1/11  
LLC397

**ARTICLE IV**  
**MANAGER OR MANAGING MEMBER**

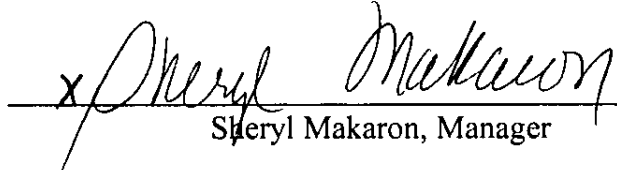
The name and address of the Manager is as follows:

Sheryl Makaron  
711 N.E. Harbour Terrace, #309  
Boca Raton, FL 33431

**ARTICLE V**  
**EFFECTIVE DATE**

The effective date of these Articles of Organization is June 1, 2011.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Sheryl Makaron, Manager

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Sheryl Makaron  
Typed or printed name of signee

**FILED**  
11 JUN -2 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**FOR**  
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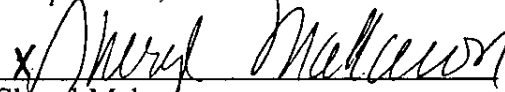
Sheryl Makaron  
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Sheryl Makaron  
Registered Agent

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV**  
**MANAGER OR MANAGING MEMBER**


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Sheryl Makaron  
711 N.E. Harbour Terrace, #309  
Boca Raton, FL 33431

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**EFFECTIVE DATE**

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**REQUIRED SIGNATURE:**

x   
Sheryl Makaron, Manager

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\_\_\_\_\_  
Sheryl Makaron  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA